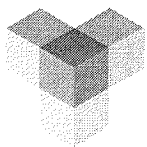


Exhibit 1

The Providence Group HEALTH BENEFIT PROPOSAL

Effective 12/1/17

Issued on 11/6/17



LEADING EDGE
ADMINISTRATORS



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EXECUTIVE SUMMARY

We are pleased to be able to present you with this plan for providing The Providence Group with a comprehensive health benefit solution.

Our strategy in designing this program centered on these key objectives:

1. Provide The Providence Group with a 2 tier program offering that matches their existing plan design.
2. Create a plan structure that would give The Providence Group meaningful bottom line savings in 2017 as well as all subsequent years of the program.
3. Ensure that the access to providers for The Providence Group's plan participants would be as broad and easy to use as their current health benefit provider networks – ideally, improve upon it.
4. Craft an efficient system for implementing and maintaining the health benefit plan on all levels.
5. Improve the performance of the health plan to provide better care for The Providence Group's plan participants while also reducing the costs associated with the plan to improve the financial health of The Providence Group as an organization –specifically through finding a network that provides the best discounts.

Enclosed in this document you will find our proposal for The Providence Group's self-funded health benefit plan. This proposal represents what we believe to be the best solution to achieving the aforementioned objectives.

We are proposing using the Cigna Network, which has exceptional access and discounts in the region of the plan participants. This will help plan performance and mitigate the overall costs of the claims, effectively lowering The Providence Group's total yearly medical benefit spend. This combined with our diligent and proven claims management protocols should significantly improve plan performance, lowering The Providence Group's overall healthcare costs without compromising on coverage.

In order to be able to bind stop loss coverage and implement this program, we will need to have at least 26 participating members and Medical Questionnaires for all plan participants.

We are at your service to elaborate and discuss all aspects of this proposal.

Self-funding Advantages

Why should you seriously consider Self-funding?

Your health benefit plan needs to be based on your unique situation - Self-funding allows you to design an optimal health care program around what is most optimal for The Providence Group.

Self-funding is not a new option. In fact, self-funding has been a proven choice for companies since 1974 when the Employee Retirement Income Security Act (ERISA) of 1974 made self-funded plans exempt from state insurance laws, including reserve requirements, mandated benefits, premium taxes, and additional regulations.

Your health benefit plan is an expensive part of your entire operation. With a traditionally funded plan, you are basically handing over the design and management of that component of your business to someone else (whose interests may not be aligned with what is truly in your best interest). As a result, you have little control over your plan's success; instead you are at the mercy of self-interested parties that boost profit margins for companies that are not tailoring their services specifically to do what is best for your company.

There are significant opportunities to reduce costs, improve service, and eliminate the "hidden profit spreads" that exist in the modern traditional healthcare space. Just like it is important to have an independent broker consultant (as opposed to an insurance company's paid employee) at your service to represent your best interests, it is also of paramount importance to know that the professionals that are managing your health program only have one objective in mind – "What is best for our client?"

+ Reduced Overall Plan Costs

Unlike traditionally funded premiums, self-funded plans are exempt from state premium taxes, so dollars that would have been paid to the government remain inside your organization. In addition to this, when your plan is well managed and performs better than expected, you will retain savings rather than in a traditionally funded health plan where that money goes directly into the health insurance company's pocket.

Self-funding Advantages

+ Significant Bottom-line Savings

The main objective of self-funding is to improve your profitability by reducing health benefit costs. A well-designed and expertly managed self-funded medical benefit plan can result in total cost savings of up to 40% as compared to traditionally funded plans.

+ Improved Loss Experience

An experienced plan administrator can significantly lower a plan's overall claims experience. Through cost containment strategies and powerful auditing technologies, unnecessary expenses can be greatly reduced. This directly translates to both lower expenses during a given policy year and lower premiums on future policy periods due to a better loss experience history.

+ Better Plan Design Options

Self-funded plans are free from many state mandated benefit laws which allows greater freedom in designing your plan. You can tailor your benefit plan to be most attractive to your employees' and your company's needs. Rather than select a pre-packaged plan that may have more than you need in some areas, and not enough in others, you can design the plan that works best for your company's unique needs.

Additionally, a self-funded plan is not tied to a specific provider network of a traditional health insurance company. An adept plan designer can customize a self-funded benefit plan that provides the best 'sweet spot' between deepest discount and best provider network for employees.

+ Access to Better Data

A self-funded program can offer better access to data and benchmarking. Simple claim summaries are typically insufficient for examining the causes behind adverse trends or sizable divergences from expected losses. Having transparent access to in-depth data enables both you and your plan administrator to compare current performance against your company's own historical data, as well as against national benchmarks. Understanding this information is key to deploying strategies for controlling claims costs and planning for the future.

+ Better Cash Flow

Unlike traditional health insurance plans which in effect pre-pay potential claims, a self-funded program only pays out claims after services are rendered.

Leading Edge: Your Self-funded Partner

Why should you consider LEA to be your self-funded administrator?

+ Independent Payor Advocate

Leading Edge is an independent payor advocate, which means our allegiance rests solely with our clients, not with networks or pharmaceutical companies. We have a proven track record of significantly reducing the costs of our clients' health benefit plans by improving efficiency, removing hidden profit spreads, sourcing the optimal plan partners, and dedicating ourselves completely to the long term success of our clients.

+ Access to Regional and National Medical Networks

Leading Edge gives our clients access to a vast choice of regional and national medical networks, so a company can pair the deepest potential discounts with the least disruption to its employees as it makes the switch to a self-funded plan. Let us show you how our access and experience can create significant advantages.

+ Exceptional Stop-loss Underwriting

Our long standing relationships with a vast market of stop-loss carriers gives us the ability to provide specific and aggregate stop-loss policies that represent immense value in both terms of fixed costs and aggregate attachment points. We are able to match your specific case to the stop-loss carriers that most desire it, pitting them in competition to provide the best numbers possible. We are very familiar with what carriers are capable of, and our on staff underwriters can press for the lowest rates possible due to the internal actuarially supported cases we make on your behalf to the carriers. We speak their language, and you benefit from the results.

+ In-house Actuarial Services

Perhaps one of our most effective assets is our on staff underwriters with decades of health benefit actuarial experience. Plan design and benefit to cost containment ratios are customized to each clients specific objectives.

Detailed Lag reports, Large Claimant Reports, Disease Trending, among many other customizable services are tailor-made to maximize plan monitoring and success not just in year one, but throughout multi-year cycles of the plans we administer

Leading Edge: Your Self-funded Partner

+ Leading Edge Provides Unrivaled Claims Management

Our claims team is comprised of people with deep industry experience – true experts in the field. Our claims processors and managers have carrier-level experience and bring to each plan we administer an average of 15+ years of knowledge and skill. Leading Edge has a proven track record of efficiently lowering company claim costs – our company average is just under 70% of expected claims. We also pioneered and utilize some of the healthcare industry's most sophisticated auditing systems that review each claim in real-time. This enables us to catch any issues quickly and before claims are paid.

+ Healthcare Specific Compliance Expertise

We are at our core specialists in optimizing and administering health benefit plans for our clients. As such, we retain in house counsel with decades of experience to be on call to immediately address the issues as they arise and advise accordingly. With long standing experience in ERISA, Taft-Hartley, and general health plan administration compliance, we have the right people available to make sure all issues are promptly and adeptly managed.

+ We are genuinely nice people

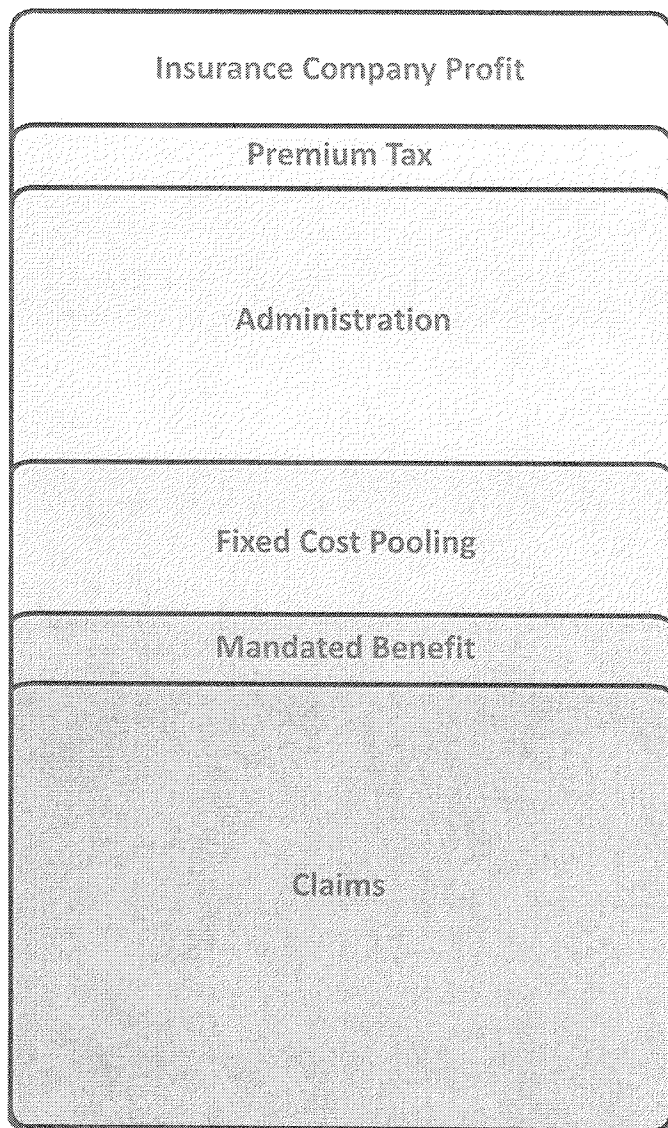
We view integrity and kindness as two of the most important aspects of our company's ethos. As such, we view our clients as our partners and genuinely care about their happiness and success – we truly want what is best for you. Life is always better when you can work with nice people, and our clients will be happy to tell you so.

Leading Edge: Your Self-funded Partner

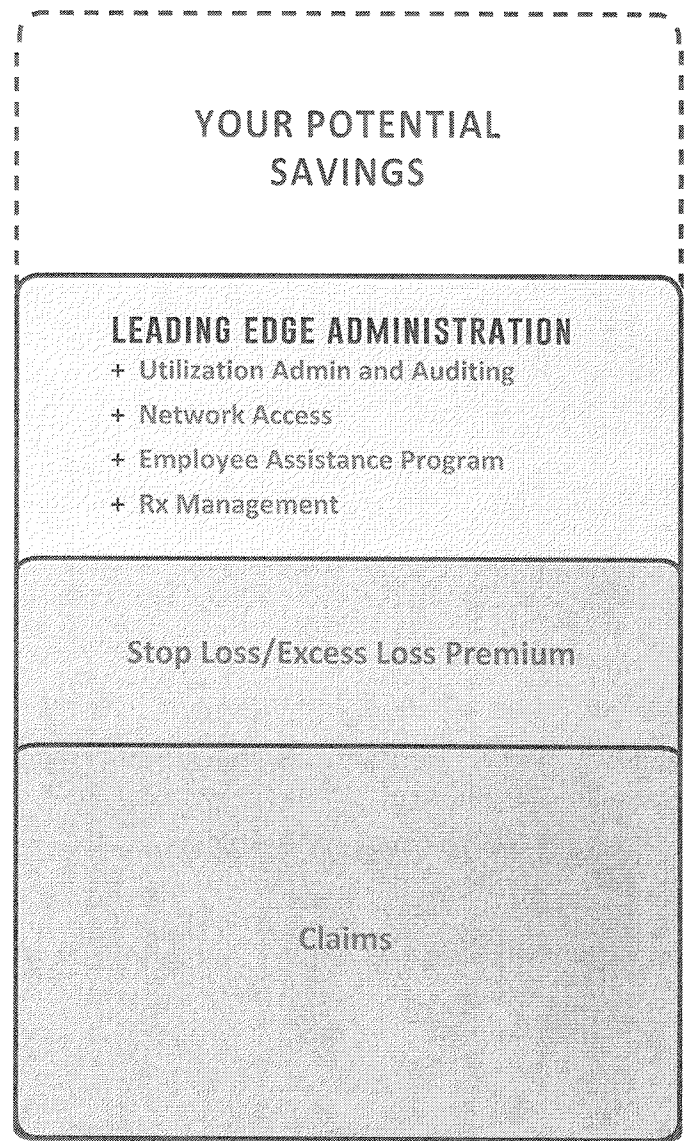
Perhaps the best way to articulate the bottom line, raw fundamental advantages of implementing a self-funded program would be to view this simple diagram:

**WE CAN HELP YOU WITH A PLAN THAT
CONTAINS COSTS, MAXIMIZES BENEFITS, AND MINIMIZES RISK.**

TRADITIONALLY FUNDED PLAN



LEADING EDGE SELF-FUNDED



Summary of Plan Designs

PROPOSED PLAN DESIGNS	PPO	HSA
	Individual / Family	Individual / Family
IN-NETWORK		
Deductible	\$2,500 / \$7,500	\$5,000 / \$10,000
Out of Pocket (Incl. Ded.)	\$6,600 / \$13,200	\$6,600 / \$13,200
Coinsurance	30%	20%
Preventive Care	No Charge	No Charge
Physician Copay	\$30	<i>subj to ded and coins</i>
Specialist Copay	\$60	<i>subj to ded and coins</i>
Hospital Copay	<i>subj to ded and coins</i>	<i>subj to ded and coins</i>
Outpatient Surgery Copay	<i>subj to ded and coins</i>	<i>subj to ded and coins</i>
Adv Radiology Imaging Copay	<i>subj to ded and coins</i>	<i>subj to ded and coins</i>
Urgent Care Copay	<i>subj to ded and coins</i>	<i>subj to ded and coins</i>
Emergency Room Copay	\$250	<i>subj to ded and coins</i>
OUT-OF-NETWORK		
Deductible	\$5,000 / \$15,000	\$10,000 / \$20,000
Out of Pocket (Incl. Ded.)	\$13,200 / \$26,400	\$20,000 / \$40,000
Coinsurance	50%	30%
Physician Copay	<i>subj to ded and coins</i>	<i>subj to ded and coins</i>
Specialist Copay	<i>subj to ded and coins</i>	<i>subj to ded and coins</i>
RX		
Deductible	N/A	<i>subj to ded and coins</i>
Tier1/ Tier 2/Tier 3	\$15 / \$30 / \$45	N/A
Mail Order (90 day supply)	3x copay	N/A

Network Selection



Why Cigna?

After reviewing and analyzing the population home Zip codes and work site locations, we came to the conclusion that the Cigna network would be the right choice for optimizing The Providence Group's health benefit plan. We arrived at this decision based on:

1. Cigna's comprehensive network access to assure participant satisfaction with provider access.
2. The deep discounts possible from providers that comes from participating in the Cigna network.

Put simply, Cigna is an ideal network partner for your benefit program – it offers exceptional provider access coupled with top-tier discounts.

Pharmacy Benefits Management



Pharmacy Benefit Management Selection

With drug costs making up approximately 25% of total healthcare spend, making sure you have the right Pharmacy Benefit Management (PBM) partner is essential for maximizing long term success.

At a time when many PBMs play games with rebates, incentives, and hidden profit spreads, having a truly transparent and adept Pharmacy Benefit Management partner is absolutely key to optimizing your self-funded health benefit program.

We determined that MagellanRx would be a strong PBM partner to utilize for your health plan. This cost-containment-oriented PBM, with a completely transparent billing model and over 60,000 participating pharmacies nationwide, is an ideal partner to ensure optimal plan performance.

Stop-Loss Insurance

Stop-Loss Insurance

As you most likely are already aware of, stop-loss insurance is utilized in self-funded benefit plans to limit financial exposure. It is put in place so that in cases where claims exceed a certain point, the stop-loss policies would take effect to limit how much money you would have to pay both on individual claims as well as the total health program as a whole. We build our self-funded plans with both Specific stop-loss (which limits your liability on individual claims to a predetermined amount) as well as Aggregate stop-loss (which limits the overall maximum liability would have on the total program).

There are two key aspects to consider when evaluating stop loss policies:

1. Fixed Plan Costs – the premiums that are paid to the stop loss carrier to provide coverage
2. Aggregate attachment points – the claim amounts that must be incurred before the stop-loss carrier takes over liability.

In the pages that follow you will find proposals for two different arrangements of Stop-Loss Insurance.

The first arrangement is written by US Fire on a 12/12 basis. The first “12” refers to the 12 months of incurred claim coverage provided, and the second “12” refers to the 12 months of paid coverage provided by the stop-loss contract.

As you will be able to see in the cost projection charts that follow, utilizing a 12/12 policy for the first year of a self-funded program provides you with exceptional cash flow and financial advantage. Please refer to pages 13 & 14 for a complete picture of projected costs for this contract (based on the \$75,000 specific deductible). The catch that needs to be considered is that this program should not really be viewed as a one year solution.

The ideal implementation of this type of arrangement would be to utilize the 12/12 stop-loss contract for 2017, taking full advantage of the significant financial savings while simultaneously allowing Leading Edge to provide the unparalleled claims management services we specialize in to control your claims during the 2017 policy year. We will then utilize this highly specific data and claims experience (our company wide average is 70% of expected), to negotiate a highly favorable 24/12, 18/12, or 15/12 contract for year 2018.

The second arrangement is structured as a 12/15 contract, and can be viewed more as a stand alone one year solution. Please refer to page 15 & 16 for a complete picture of projected costs for this contract (also based on the \$75,000 Deductible).

That all being said, there are many details to explain about this part of the program, and it would be best to have an in depth discussion about the various aspects of it.

Stop Loss Proposal 12/12

Stop Loss Carrier - US Fire Insurance Company				
STOP LOSS PREMIUM				
Coverages		Option 1 Medical & Rx	Option 2 Medical & Rx	Option 3 Medical & Rx
Specific Contract (Incurred Months / Paid Months)		12/12	12/12	12/12
Aggregate Contract (Incurred Months / Paid Months)		12/12	12/12	12/12
Specific Deductible		60,000	75,000	100,000
Employee Only - Specific Premium	108	\$138.57	\$116.24	\$87.09
Family - Specific Premium	15	\$352.22	\$299.01	\$242.93
Composite	123	\$164.62	\$138.53	\$106.09
Aggregate Premium	123	\$9.68	\$11.40	\$13.93
Monthly Premium		\$21,439.50	\$18,441.27	\$14,763.06
Annual Premium		\$257,274.00	\$221,295.24	\$177,156.72
AGGREGATE CLAIM FACTORS				
Maximum Reimbursement on Aggregate Claims		1,000,000	1,000,000	1,000,000
Aggregate Attachment - Claims Deductible		\$484,995	\$504,379	\$527,514
Monthly Aggregate Claim Factors Enrollment				
Employee Only	108	\$284.47	\$295.84	\$309.41
Family	15	\$646.23	\$672.06	\$702.88
COST SUMMARY				
Stop-Loss Premium		\$257,274.00	\$221,295.24	\$177,156.72
Administration / Network / Broker	123	\$118,818.00	\$118,818.00	\$118,818.00
(1) Fixed Cost w/o Claims		\$376,092.00	\$340,113.24	\$295,974.72
(2a) Claim Cost at 80%		\$310,396.49	\$322,802.84	\$337,608.81
Total Cost ((1) + (2a))		\$686,488.49	\$662,916.08	\$633,583.53
(2) Expected Claim Cost (100% of expected claims.)		\$387,995.62	\$403,503.55	\$422,011.01
Total Expected Cost ((1) + (2))		\$764,087.62	\$743,616.79	\$717,985.73
(3) Maximum Claim Cost (125% of expected claims)		\$484,994.52	\$504,379.44	\$527,513.76
Maximum Total Plan Cost ((1) + (3))		\$861,086.52	\$844,492.68	\$823,488.48

*Aggregate Accommodation is included.

Transitional Reinsurance and PCORI fees are not included in above calculations

Expected Cost Chart (12/12) - \$75,000 Deductible

2017 FIXED COSTS		Total Annual Expected Cost	
	Annual Cost		
Stop Loss Premium	\$221,295.24	\$1,000,000.00	
		\$800,000.00	
Admin/Broker/Network	\$118,818.00	\$600,000.00	
		\$400,000.00	
Total Fixed Costs	\$ 340,113.24	\$200,000.00	
		\$-	
		5%	
		15%	
		25%	
		35%	
		45%	
		55%	
		65%	
		75%	
		85%	
		95%	
		105%	
		115%	
		125%	

Total Projected Cost Rate Chart

Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113
Claims at: 5%	\$ 20,175	Claims at: 45%	\$ 181,577	Claims at: 85%	\$ 342,978
Total Costs	\$ 360,288	Total Costs	\$ 521,690	Total Costs	\$ 683,091
Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113
Claims at: 10%	\$ 40,350	Claims at: 50%	\$ 201,752	Claims at: 90%	\$ 363,153
Total Costs	\$ 380,464	Total Costs	\$ 541,865	Total Costs	\$ 703,266
Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113
Claims at: 15%	\$ 60,526	Claims at: 55%	\$ 221,927	Claims at: 95%	\$ 383,328
Total Costs	\$ 400,639	Total Costs	\$ 562,040	Total Costs	\$ 723,442
Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113
Claims at: 20%	\$ 80,701	Claims at: 60%	\$ 242,102	Claims at: 100%	\$ 403,504
Total Costs	\$ 420,814	Total Costs	\$ 582,215	Total Costs	\$ 743,617
Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113
Claims at: 25%	\$ 100,876	Claims at: 65%	\$ 262,277	Claims at: 105%	\$ 423,679
Total Costs	\$ 440,989	Total Costs	\$ 602,391	Total Costs	\$ 763,792
Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113
Claims at: 30%	\$ 121,051	Claims at: 70%	\$ 282,452	Claims at: 115%	\$ 464,029
Total Costs	\$ 461,164	Total Costs	\$ 622,566	Total Costs	\$ 804,142
Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113
Claims at: 35%	\$ 141,226	Claims at: 75%	\$ 302,628	Claims at: 120%	\$ 484,204
Total Costs	\$ 481,339	Total Costs	\$ 642,741	Total Costs	\$ 824,318
Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113	Fixed Costs	\$ 340,113
Claims at: 40%	\$ 161,401	Claims at: 80%	\$ 322,803	Claims at: 125%	\$ 504,379
Total Costs	\$ 501,515	Total Costs	\$ 662,916	Total Costs	\$ 844,493

LEA Average

Stop Loss Proposal 12/15

Stop Loss Carrier - US Fire Insurance Company

STOP LOSS PREMIUM				
Coverages		Option 1 Medical & Rx	Option 2 Medical & Rx	Option 3 Medical & Rx
Specific Contract (Incurred Months / Paid Months)		12/15	12/15	12/15
Aggregate Contract (Incurred Months / Paid Months)		12/15	12/15	12/15
Specific Deductible		60,000	75,000	100,000
Employee Only - Specific Premium	108	\$166.13	\$139.21	\$104.10
Family - Specific Premium	15	\$423.54	\$359.42	\$291.83
Composite	123	\$197.52	\$166.06	\$126.99
Aggregate Premium	123	\$11.15	\$13.20	\$16.18
Monthly Premium		\$25,666.59	\$22,049.58	\$17,610.39
Annual Premium		\$307,999.08	\$264,594.96	\$211,324.68
AGGREGATE CLAIM FACTORS				
Maximum Reimbursement on Aggregate Claims		1,000,000	1,000,000	1,000,000
Aggregate Attachment - Claims Deductible		\$573,481	\$596,378	\$623,723
Monthly Aggregate Claim Factors Enrollment				
Employee Only	108	\$336.37	\$349.80	\$365.84
Family	15	\$764.14	\$794.65	\$831.08
COST SUMMARY				
Stop-Loss Premium		\$307,999.08	\$264,594.96	\$211,324.68
Administration / Network / Broker	123	\$118,818.00	\$118,818.00	\$118,818.00
(1) Fixed Cost w/o Claims		\$426,817.08	\$383,412.96	\$330,142.68
(2a) Claim Cost at 80%		\$367,027.66	\$381,681.79	\$399,182.75
Total Cost ((1) + (2a))		\$793,844.74	\$765,094.75	\$729,325.43
(2) Expected Claim Cost (100% of expected claims.)		\$458,784.58	\$477,102.24	\$498,978.43
Total Expected Cost ((1) + (2))		\$885,601.66	\$860,515.20	\$829,121.11
(3) Maximum Claim Cost (125% of expected claims)		\$573,480.72	\$596,377.80	\$623,723.04
Maximum Total Plan Cost ((1) + (3))		\$1,000,297.80	\$979,790.76	\$953,865.72

*Aggregate Accommodation is included.

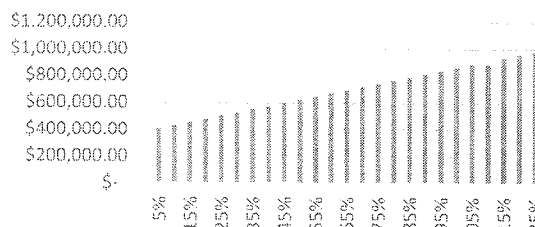
Transitional Reinsurance and PCORI fees are not included in above calculations

Expected Cost Chart (12/15) - \$75,000 Deductible

2017 FIXED COSTS

	Annual Cost
Stop Loss Premiums	\$264,594.96
Admin/Broker/Network	\$118,818.00
Total Fixed Costs	\$ 383,412.96

Total Annual Expected Cost



Total Projected Cost Rate Chart

Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413
Claims at: 5%	\$ 23,855	Claims at: 45%	\$ 214,696	Claims at: 85%	\$ 405,537
Total Costs	\$ 407,268	Total Costs	\$ 598,109	Total Costs	\$ 788,950
Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413
Claims at: 10%	\$ 47,710	Claims at: 50%	\$ 238,551	Claims at: 90%	\$ 429,392
Total Costs	\$ 431,123	Total Costs	\$ 621,964	Total Costs	\$ 812,805
Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413
Claims at: 15%	\$ 71,565	Claims at: 55%	\$ 262,406	Claims at: 95%	\$ 453,247
Total Costs	\$ 454,978	Total Costs	\$ 645,819	Total Costs	\$ 836,660
Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413
Claims at: 20%	\$ 95,420	Claims at: 60%	\$ 286,261	Claims at: 100%	\$ 477,102
Total Costs	\$ 478,833	Total Costs	\$ 669,674	Total Costs	\$ 860,515
Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413
Claims at: 25%	\$ 119,276	Claims at: 65%	\$ 310,116	Claims at: 105%	\$ 500,957
Total Costs	\$ 502,689	Total Costs	\$ 693,529	Total Costs	\$ 884,370
Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413
Claims at: 30%	\$ 143,131	Claims at: 70%	\$ 333,972	Claims at: 115%	\$ 548,668
Total Costs	\$ 526,544	Total Costs	\$ 717,385	Total Costs	\$ 932,081
Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413
Claims at: 35%	\$ 166,986	Claims at: 75%	\$ 357,827	Claims at: 120%	\$ 572,523
Total Costs	\$ 550,399	Total Costs	\$ 741,240	Total Costs	\$ 955,936
Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413	Fixed Costs	\$ 383,413
Claims at: 40%	\$ 190,841	Claims at: 80%	\$ 381,682	Claims at: 125%	\$ 596,378
Total Costs	\$ 574,254	Total Costs	\$ 765,095	Total Costs	\$ 979,791

LEA Average

Estimated PEPM Bill Rates by Plan and Tier

Below is the following monthly rates for the three proposed plan designs based on the stop loss proposal showing the **12/12 75K** Specific Deductible option. These rates may be subject to change.

Plan PPO	Expected	Maximum
EE Only	476.20	540.80
EE + Spouse	788.58	895.56
EE + Children	717.68	815.03
Family	1,047.02	1,189.05

Plan HSA	Expected	Maximum
EE Only	376.58	427.66
EE + Spouse	623.61	708.21
EE + Children	567.54	644.53
Family	827.98	940.30

The monthly rates were calculated based on the projected enrollment count below.

	Plan PPO	Plan HSA
Employee Only	91	17
EE + Spouse	4	1
EE + Children	4	1
Family	4	1

Administrative Fees Breakdown

Below are the costs associated with operations of the Plan, Payable by Plan Sponsor on a monthly basis, unless otherwise noted. All prices are capitated on a Per Employee Per Month (PEPM) basis, unless otherwise noted:

Medical Administration:	\$43.50 PEPM
Medical PPO Network Rental (CIGNA):	\$17.00 PEPM
Broker/Consultant Compensation:	\$20.00 PEPM

Administrative Services - Includes all listed services

Eligibility and Plan Design
 Implementation Assistance
 ID Card Production
 Benefit Summary (SBC) and Plan Document (SPD)
 Customer Service
 Dedicated Toll Free Number
 COBRA Administration
 HIPAA Administration
 Claims Administration
 Out-of-Network Claim re-pricing and Negotiations - billed at 30% of savings
 Analysis of Claims for Subrogation and Fraud Recovery - billed at 30% of Savings
 Monthly / Quarterly Reporting

Medical Management - Includes all listed services

Utilization Management
 Precertification
 Concurrent Review
 Retrospective Review

Disclaimer: These fees are based on transparent billing, as opposed to some of the other options you have seen which typically put compensation into other areas, such as stop-loss and PBMs. The reason we do not do this is due to uneven loading, which means at the end of the day it ends up costing you as a client more money.

Total Fixed Cost Breakdown

Below are the total fixed costs associated with operations of the Plan, Payable by Plan Sponsor on a monthly basis, unless otherwise noted. All prices are broken down by monthly and annual cost. Calculations were based on enrollment count of 123 members.

	Monthly Cost	Total Annual Cost
Medical Administration:	\$5,350.50	\$64,206.00
Medical PPO Network Rental (CIGNA):	\$2,091.00	\$25,092.00
Broker/Consultant Compensation:	\$2,460.00	\$29,520.00
Stop-loss Premium	\$18,441.27	\$221,295.24
	\$28,342.77	\$340,113.24

Aggregate Accommodation is included

Administration and Additional Services

Leading Edge Administrators - Summary of Professional Services

Leading Edge Administrators Monthly Fee	\$60.50	PEPM
Broker Fee	\$20.00	PEPM

Network

Medical - Cigna
Rx - Magellan Rx Management

Administrative Services - Includes all listed services

Eligibility and Plan Design
Implementation Assistance
ID Card Production
Benefit Summary (SBC) and Plan Document (SPD)
Customer Service
Dedicated Toll Free Number
COBRA Administration
HIPAA Administration
Claims Administration
Out-of-Network Claim re-pricing and Negotiations - billed at 30% of savings
Analysis of Claims for Subrogation and Fraud Recovery - billed at 30% of Savings
Monthly / Quarterly Reporting

Medical Management - Includes all listed services

Utilization Management
Precertification
Concurrent Review
Retrospective Review

Add-On Services - Available at Additional cost on a PEPM basis or per case basis

Case Management - Advanced Case Management	Highly Recommended	\$5.00 PEPM (5 to 1 ROI Industry Results)
Dedicated case officers with a comprehensive patient-focused support and life management		
Highly seasoned expert management of High Dollar Cases and Transplant Coordination		
Support team of board-certified medical director and panel of board-certified physician specialists		
Aggregate Accommodation		\$1.50 PEPM INCLUDED
Disease Management		\$3.75 PEPM
FSA, HRA and HSA Administration		\$6.00 PEPM
24x7 NurseLine		\$0.75 PEPM
Wellness Program Options:		
Wellness Portal with Digital Online Coaching (WPDOC)		\$1.05 PEPM
Lifestyle Coaching Program (includes WPDOC)		\$3.29 PEPM
Lifestyle Coaching – Weight Management Only (includes WPDOC)		\$2.89 PEPM
Lifestyle Coaching- Tobacco Cessation Only (includes WPDOC)		\$1.49 PEPM
(Biometric testing is available at an additional cost per test)		
Maternity Management - Education Program		\$389 per case or \$150 per hour
Telemedicine Via Teladoc		\$4.25 PEPM
Form 1094 and 1095 Reporting		Rates Available upon request

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